

## Enclosure 8

### *Emergency Medical Technician – Instructor Apprentice Application*

#### Section One: ***Personal Contact Information***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

#### Section Two: ***Requirements & Credentials***

All candidates must meet all of the following requirements:

- ☐ Be at least 21 Year of age
- ☐ Possess either a High School Diploma or GED
- ☐ Possess a current certification as a SC Paramedic (*Attach a copy of your SC Paramedic Certification card*)
- ☐ Possess a current certification as a National Registered Paramedic (*Attach a copy of your NREMT Paramedic credential*)
- ☐ Have a minimum of two (2) years experience as a Paramedic (*Attach a copy of your work resume*)
- ☐ Possess a current instructor credential in one of the following: (*Attach a copy of your CPR instructor credential*)
  - AHA: Healthcare Provider
  - ARC: CPR Professional Rescuer
  - ASHI: CPR PRO
- ☐ Successful completion of one of the following: (*Attach a copy of your instructor education credential*)
  - National EMS Instructor Training Course
  - National or State Fire Academy Instructor Training Course
  - Post Secondary Teaching Certification or Education Training
- ☐ Have a minimum of one (1) year teaching experience (*Attach a copy of your resume of your teaching experience*)

PLEASE COMPLETE PAGE -2-

**Important Note:** Give this completed application, plus a copy of all required documentation as mentioned in Section Two, to the EMT Program Coordinator of the SC Approved EMT Training Institution where you wish to teach.

Section Three:                      ***Candidate's Verification & Signature***

**READ CAREFULLY BEFORE SIGNING**

*I verify that I have satisfied all requirements as listed in Section Two of Enclosure 8 and have attached all required documentation to this application. I understand that I will not be considered for instructor apprenticeship if my application is incomplete or if I have failed to meet all requirements. I understand that I must be affiliated with a SC Approved EMT Training Institution in order to become a credentialed SC EMT Instructor and that I will be considered an employee of that training institution.*

*I understand, that if I am approved by the SC DHEC Division of EMS & Trauma for an instructor apprenticeship, I will be required to complete an EMT Program Orientation given by DHEC staff before I will be allowed to begin my apprenticeship.*

*Furthermore, I understand that my apprenticeship will consist of teaching a minimum of one full initial EMT course under the guidance and evaluation of a SC certified EMT "lead" instructor selected by the training institution.*

*At the conclusion of my apprenticeship period (the teaching of one full initial EMT course) I understand that certification, as an authorized SC EMT instructor, will require a successful evaluation by the EMT Program Coordinator as well as an acceptable NREMT pass rate (above 50% - on first attempt) of the candidates in my course who were eligible for the NREMT exam.*

Candidate's Signature: \_\_\_\_\_

EMT PROGRAM COORDINATOR – CONTINUE WITH PAGE –3-

Section Four:

***EMT Program Coordinator Endorsement***

*I endorse this candidate for the EMT Instructor Apprenticeship Program. I will require this candidate, once approved by DHEC, to teach one full initial EMT course under the guidance of a SC certified EMT “lead” instructor.*

*I understand that the Apprentice Instructor must teach the entire course and I also understand that the SC certified “lead” instructor is responsible for this course and will be present to observe and evaluate this apprentice instructor for each class meeting. At no time will the apprentice instructor be teaching class without the lead SC certified instructor present.*

*I understand that I must submit a written recommendation to DHEC for this candidate to become a SC certified EMT instructor, after completion of the apprenticeship period and after results of the NREMT examination for the eligible candidates of this apprentice instructor’s course(s) have been posted.*

*I understand that non-compliance with the requirement of the instructor apprenticeship program may jeopardize my privilege to nominate instructor candidates and participate in the instructor apprenticeship program.*

EMT Program Coordinator’s Signature: \_\_\_\_\_